

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

1425

-63-009471
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1425

FILED FEB 19 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Christian

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1405 Hebert

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Benjamin

Middle Joseph

Last Subda

4. DATE OF DEATH

Month 2

Day 7

Year 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-16-1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Freight Handler

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
Poland

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Josephine Subda

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT
Address Josephine Subda 1405 Hebert

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

White myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH
9 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic hypertensive cardio-vascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

4201

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 7. 63 to Feb 7. 63 and last saw him alive on Feb 7. 63
Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

1126 St. Louis Ave

22c. DATE SIGNED
2-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
2-11-63

23c. NAME OF CEMETERY OR CREMATORY
Calvary

23d. LOCATION (City, town, or county)
St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

ST. LOUIS FUNERAL HOME

25. DATE RECD. BY LOCAL REG.
FEB 9 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1

2

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56

2267

VS 300
Rev. 4/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Hinkle

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.